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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 2002P18305 US01						
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37CFR 1.8(a)] on _____ Signature _____ Typed or printed name _____	In re Application of Mary Balogh <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Application Number 10/608,254</td> <td style="width: 40%;">Filed 06.27.03</td> </tr> <tr> <td colspan="2">For System for Processing Unpaid Healthcare Claims</td> </tr> <tr> <td>Art Unit 3626</td> <td>Examiner Sheetal Rangrej</td> </tr> </table>		Application Number 10/608,254	Filed 06.27.03	For System for Processing Unpaid Healthcare Claims		Art Unit 3626	Examiner Sheetal Rangrej
Application Number 10/608,254	Filed 06.27.03							
For System for Processing Unpaid Healthcare Claims								
Art Unit 3626	Examiner Sheetal Rangrej							

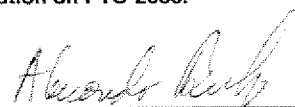
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ 500.00

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above reduced by half, and the resulting fee is: \$ _____
☐ A check in the amount of the fee is enclosed
☐ Payment by credit card. Form PTO-2038 is attached
☐ The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.
☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 19-2179 (Siemens). I have enclosed a duplicate copy of this sheet.
☐ A petition for an extension of time under 37 CFR 1.136(a)(PTO/SB/22) is enclosed.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the

<input type="checkbox"/> Applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. <input type="checkbox"/> attorney or agent of record Registration number _____ <input checked="" type="checkbox"/> Attorney or agent acting under 37 CFR 1.34 Registration number if acting under 37 CFR 1.34 <u>40,425</u>	<div style="text-align: center;">  _____ Signature Alexander Burke _____ Typed or printed name +1 732 321 3023 _____ Telephone number 08.02.07 _____ Date </div>
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 41.31. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11, 1.14 and 41.6. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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